



Event or Meeting Space Inquiry

Group Name:

Event Date & Time:

Type of Event:

☐ Annual
☐ Semi-Annual
☐ Board Meeting

☐ Executive
☐ Training
☐ Committee

☐ Sales
☐ Other:

Sleeping Room Requirements

DATE	DATE	DATE	DATE
#	#	#	#

Meeting Room Preferences

Number of Persons Expected to Attend: 10-30 ppl

☐ Classroom
☐ Boardroom

☐ U-Shape
☐ Rounds

☐ Hollow Square
☐ Theater

Audio-Visual Needs:

Group Meals Requirements:

☐ Breakfast

☐ Lunch

☐ Dinner

Please Respond Directly To:

Company	
Contact	
Phone	
Fax	
Email	
Address	
City, State, Zip	

Preferred Method of Contact

☐ Phone

☐ Email

☐ Fax



LEAD STATUS: Please fax back to Howard County Tourism, FAX: 410-313-1902

☐ Booked ☐ Pending ☐ Decline to Submit Proposal (Please Provide Reason)

Reason: _____

THANK YOU!